

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

RECEIVED Page 1 / 2  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

1. NAME OF COMMITTEE (in full) **Wyden For Senate** USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **232 NE 9th Avenue**

☐ Check if different than previously reported (ACC)

**Portland**

CITY

OR  
STATE

**97232**

ZIP CODE

2. FEC IDENTIFICATION NUMBER

**C00308676**

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

☐ OR

**00**

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15

Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE) and/or Semi-annual Report

July 31 Mid-Year Report

☐ (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year only)

☐ Apr 20 (M4)

☐ Jul 20 (M7) and/or Semi-annual Report

☐ Oct 20 (M10)

☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☒ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

This report also covers the semi-annual period

☐ Special (12S) ☐ Convention (12C)

Election on

**05**

**17**

**2016**

in the State of

**OR**

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

This report also covers the semi-annual period

Election on

in the State of

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

**04**

**01**

**2016**

through

**04**

**27**

**2016**

and/or ☐ January 1 - June 30

☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

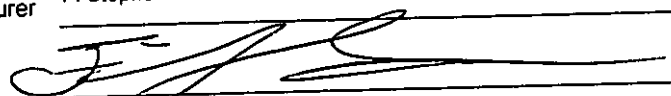
(b) Semi-Annual Covered Period

**30300.00**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **F. Stephen Michels**

Signature of Treasurer



**9**

**27**

**2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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